PART B - FEE(S) TRANSMITTAL omplete and send this form, together with applicable fee(s), to: Mail Mail Stop IS Commissioner for Patents P.O. Box 1450 MAY 0 1 2006 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 26694 7590 02/02/2006 Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. VENABLE LLP P.O. BOX 34385 **WASHINGTON, DC 20045-9998** (Depositor's name) (Signature) (Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 01/14/2004 10/756,383 James J. Jaklitsch 13346-191189 1860 TITLE OF INVENTION: GYROSCOPIC SYSTEM FOR BORESIGHTING EQUIPMENT APPLN. TYPE SMALL ENTITY **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE NO nonprovisional \$1400 \$300 \$1700 05/02/2006 **EXAMINER** ART UNIT **CLASS-SUBCLASS** GUADALUPE, YARITZA 2859 033-286000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, VENABLE, LLP Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Jeffri A. Kaminski (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) AAI Corporation Hunt Valley, MD 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 22-0261 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Date 1 FC: 1881 1498.89 DA

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May 1, 2006

PTO/SB/17 (01-06)

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Foos pursuant to the Consolidated Anoma	,	Complete if Known				
FEE TRANSMITTAL For FY 2006			Application Number 10/756,383-Conf. #1860			
		Filing Date		January 14, 2004		
		First Named In	ventor	James Jaklitscl	<u> </u>	
		Examiner Name	е	Y. Guadalupe		
Applicant claims small entity status. See 37 CFR 1.27		Art Unit		2859		
TOTAL AMOUNT OF PAYMENT (\$) 1,700.00		Attorney Docke	Attorney Docket No. 13346-191189			
METHOD OF PAYMENT (check all that apply)						
Check Credit Card Money Order None Other (please identify):						
x Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee						
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17						
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
F		SEARCH FEES		INATION FEES		
Application Type Fee (	Small Entity  Fee (\$) Fee	Small Entity (\$) Fee (\$)	Fee (\$	Small Entity ) Fee (\$)	Fees F	Paid (\$)
Utility 300	150 50	00 250	200	100		
Design 200	100 10	00 50	130	65		
Plant 200	100 30	00 150	160	80		
Reissue 300	150 50	00 250	600	300		
Provisional 200	100	0 0	0	0		
2. EXCESS CLAIM FEES					F (\$)	Small Entity
Fee Description Each claim over 20 (including Reissues)					Fee (\$) 50	Fee (\$) 25
Each independent claim over 3 (including Reissues)					200	100
Multiple dependent claims 360 180						
1		ee Paid (\$)	ı	Multiple Depende	nt Claims	
	x =				ee Paid (\$	
HP = highest numer of total claims paid for	if greater than 20.	-				_
Indep. Claims Extra Claims		e Paid (\$)				
	x =	<del></del>				
HP = highest numer of independent claims	paid for, if greater than 3.		_			-
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer						
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50						
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets Extra Shee		h additional 50 or fr			Fee	Paid (\$)
- 100 =	/50	(round up to a wh	nole numbe	r) × =	·	Daid (f)
4. OTHER FEE(S) Fees Paid (\$)						
Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00						
1504 Publication fee for early, voluntary, or normal 300.00						
SUBMITTED BY						
Signature		Registration No. (Attorney/Agent)	42,709	9 Telephone	(202) 34	4-4000
Name (Print/Type) defiri A. Kaminsk	, ,		Date	May 1,	2006	